

**2006 NOT-FOR-PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 712343		
1. Entity Name CENTRAL BAPTIST CHURCH OF MIAMI, FLORIDA, (INCORPORATED)		
Principal Place of Business 500 NORTHEAST FIRST AVENUE MIAMI, FL 33132	Mailing Address 500 NORTHEAST FIRST AVENUE MIAMI, FL 33132	
DO NOT WRITE IN THIS SPACE		
		01112008 No Chg-NP CR2E037 (11/05)
		4. FEI Number 59-0651075
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CROCKETT, JERRY 4000 SOUTHEAST FINANCIAL CENTER 200 S BISCAYNE BLVD. MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000412672 02/10/06-80056-018 61.25 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADET, EDLYNE 233 NW 49 STREET MIAMI, FL 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ANSLEY, JENISU 1125 SW 100 CT MIAMI, FL 33174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRYDER, CHARLES 5660 PINETREE DRIVE MIAMI BCH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CADET, EDNA 233 NW 49 STREET MIAMI, FL 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, LYDIA S 2333 BRICKELL AVE #305 MIAMI, FL 33129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACTON, DAVID 10421 SW 89 AVE. MIAMI, FL	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Jenisu Ansley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1-25-06</u> Daytime Phone # _____